

EXHIBIT I - TRANSFERRED WORKERS' COMPENSATION CLAIMS

CREDITOR'S NAME AND ADDRESS*	CLAIM NUMBER	ASSERTED CLAIM AMOUNT**	DATE FILED	DOCKETED DEBTOR
ANGELINA CRUZ	19540	Secured: Priority: Administrative: \$147,567.50 Unsecured: _____ Total: \$147,567.50	07/15/2009	DELPHI CORPORATION (05-44481)
JACQUELINE LEE	19600	Secured: Priority: Administrative: UNL Unsecured: _____ Total: UNL	09/14/2009	DELPHI CORPORATION (05-44481)
LUTHA MAE STUDIVENT	18092	Secured: Priority: Administrative: UNL Unsecured: _____ Total: UNL	07/09/2009	DELPHI CORPORATION (05-44481)
MENORT SIMS	17141	Secured: Priority: Administrative: UNL Unsecured: _____ Total: UNL	07/01/2009	DELPHI CORPORATION (05-44481)
RICHARD MCMILLON	19184	Secured: Priority: Administrative: UNL Unsecured: _____ Total: UNL	07/15/2009	DELPHI CORPORATION (05-44481)
TODD LOSEE	18275	Secured: Priority: Administrative: UNL Unsecured: _____ Total: UNL	07/13/2009	DELPHI CORPORATION (05-44481)
Total:		6		\$147,567.50

* The addresses of the creditors on this exhibit have been intentionally omitted for privacy reasons.

** "UNL" denotes an unliquidated claim.